Van Buren County Drain Commissioner
219 E. Paw Paw St. Ste-301
Paw Paw, MI 49079
(269) 657-8241

CONTRACTOR PRE-QUALIFICATION APPLICATION

CONTRACTOR/COMPANY INFORMATION

CONTRACTOR NAME:_____

ADDRESS:_____

PHONE NUMBER:_____

CONTACT PERSON:_____ CONTACT CELL #:_____

FAX:_____ EMAIL:_____

ORAGANIZATION TYPE: ☐ Corporation ☐ Partnership ☐ LLC/LLP ☐ Individual

STATE OF ORGANIZATION:_____ YEARS BUSINESS HAS BEEN ORGANIZED: _____

PLEASE ATTACH THE FOLLOWING:

- Completed W9 (N/A if already vendor with County)
- Certificate of liability insurance showing type and current coverage amounts

  Attached are the Van Buren County Insurance coverage amounts
- Proof of workers compensation insurance or exemption

➢ *EQUIPMENT OWNED:*

Please check the pieces of equipment in each category that you own:

__ Mini Excavator (Under 12k #)
__ Medium Excavator (12k to 30k#)
__ Large Excavator (Over 30k #)
__ Long Reach Excavator
__ Excavator Mounted Brush Mower (Mini/Med. Excavator)
__ Excavator Mounted Brush Mower (Large Excavator)
__ Dragline (Under ¾ yard)
__ Dragline (3/4 yard or larger)
__ Lead Dump Trailer
__ Single Axle Dump Truck
__ Tandem/Tri-axle Dump Truck
__ Equipment Tag Trailer
__ Gravel Train
__ Field Tile Trencher
__ Trench Box
__ Straw Mulcher

__ Tractor Backhoe
__ Skid Steer Loader
__ Rubber Tired Loader
__ Farm Tractor/Landscape Tractor
__ Dozer
__ Semi-tractor/Lowboy
__ Dewatering Pumps (larger than 3")
__ Dewatering Well Points
__ Wood Chipper
__ Sewer Vacuum
__ Hydro-seeder
__ Steel Sheet Piling (Over 10')

Additional equipment you currently own that is not listed above:

_____

_____

_____

REFERENCES/CREDENTIALS:

Please list the county drain commissioners you are currently working for, or have worked for in the past 3 years, and contact person:

_____

_____

_____

Please list other municipalities/references you are currently working for, or have worked for in the past 3 years, and contact person:

_____ _____

_____ _____

_____ _____

_____ _____

Has your company ever failed to complete any work awarded to you?_____ If so, where and why? (Attach a letter if needed)

_____

_____

_____

DRAIN CONSRUCTION ABILITIES:

Please check the type of work your company has the equipment, manpower, and experience to complete:

Enclosed Drain

__ Storm Sewer, up to 5' deep
__ Storm sewer, 5' to 10' deep
__ Storm sewer, deeper than 10'
__ Maximum diameter of pipe capable of installing
__ Sewer Televising
__ Sewer Jetting, Hydro Excavation

Open Drain

__ Open Drain Cleanout
__ Licensed herbicide contractor
__ Woody Debris Management
__ Brush Mowing
__ ROW/Easement Clearing
__ Landscaping/Restoration Work

I, the undersigned, in applying to be placed on the Pre-Qualified Contractor's List for non-petitioned maintenance, certify and attest that the above provided information is, to the best of my knowledge, true and accurate.

Applicant Signature:_____ Date:_____